2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jun 09, 2006
Secretary of State

DOCUMENT# L04000015832

Entity Name: WHITMAN ORGANIZATION, LLC

Current Principal Place of Business:

50 S.E. 20TH AVENUE
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

175 WHITMAN DRIVE
BROOKLYN, NY 11234 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GANGUZZA, JOSEPH H ESQ.
150 WEST FLAGLER STREET
2701
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

GANGUZZA, JOSEPH H ESQ.
ONE SOUTHEAST THIRD AVENUE
1820
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSEPH H. GANGUZZA, ESQ 06/09/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TOMASINO, JOSEPH
Address: 175 WHITMAN DRIVE
City-St-Zip: BROOKLYN, NY 11234 US

Title: MGRM ( ) Delete
Name: TOMASINO, MARY BETH
Address: 175 WHITMAN DRIVE
City-St-Zip: BROOKLYN, NY 11234 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH TOMASINO MGRM 06/09/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date